

Clay County

Wetherton (Weatherton), James H.
 (30 Jun 1848-23 Nov 1943) Co G 11th KY Cav and
 Co B 12th KY Cav, buried Mt Washington
 Cemetery, Jackson Co Mo.

**Moss,
 Alexander
 S.** (approx.
 102 at time
 of death).
 Died in Clay
 county VA
 Hospital 7
 Jan 1942, but
 was a
 resident of
 Kansas City
 (2409 Park Ave). African- American.

No. 2
 -5-42
 BUREAU OF THE CENSUS
 5-17-39
 1. X32873

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED DEC 1 1943
 Registration District No. 280 Primary Registration District No. 5964 State File No. 38911 Registrar's No. 42

**STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH**

1. PLACE OF DEATH: (a) County Platte, (b) City or town Parkville, Platte Co., (c) Name of hospital or institution: Rural, (d) Length of stay: 1 year

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri, (b) County Platte, (c) City or town Parkville, (d) Street No. R. F. D., (e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME James H. Wetherton, (b) If veteran, name war Civil War, (c) Social Security No. NO

4. Sex Male, Color White, (b) Name of husband or wife Sarah Jane Wetherton, (c) Age of husband or wife if alive 86 years, (d) Single, widowed, married, divorced Married

5. Birth date of deceased: June 30 1848

6. AGE: 95 years, 4 months, 23 days

7. Birthplace: Kentucky

8. Usual occupation: Hotel rod

9. Industry or business: X

10. Name: Bernard Wetherton, Birthplace: Kentucky, Maiden name: Catherine, Birthplace: Kentucky

11. Informant: Earl R. Wetherton, Address: Parkville, Mo., R. F. D. #3, (b) Date thereof: 11-28-43, (c) Place: burial or cremation: Mt. Washington Cemetery Stine & McClure, (d) Signature of funeral director: 3255 Gillham Plaza, Kansas City, Mo.

12. (a) Signature: Mrs. Clay Siffes, (b) Address: North 100 Ave, Date signed: 11/24/43

20. DATE OF DEATH: Month November, day 23, year 1943, hour 10:10, minute P., M.

21. I hereby certify that I attended the deceased from Nov 23 1943 to Nov 23 1943 that I last saw him alive on Nov 23 1943 and that death occurred on the date and hour stated above. Immediate cause of death: Cardiac Failure

Due to: Chr. Myocarditis, Senility

Other conditions: 93d

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) _____, (b) Date of occurrence _____, (c) Where did injury occur? _____, (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work: _____ (Specify type of work) (c) Means of injury _____

23. Signature: James H. Wetherton (M.D. or equivalent), Address: North 100 Ave, Date signed: 11/24/43

1209 (Licensed Embalmer's Statement on Reverse Side)

Edmonston, William Henry (20 Oct 1846-2
Mar 1941) Buried Woodlawn Cemetery, Jackson
Co, Mo. Member 40th EMM (possibly post-war)